Allostatic Load and Medical Illness 6
Written Video Transcript

So, thank you very much. What I've tried to do this afternoon is to again to present the abnormalities in PTSD to show how it fits into an allostasis, allostatic load model and to spell out the implications for psychological and medical wellness. Thank you very much. [00:00.20.00] Thanks. We've got time for questions. And I would certainly be delighted if someone would ask me something that I didn't get a chance to cover. Wait, wait for the mike please.

Are there any additional psychotherapeutic and behavioral interventions [00:00.40.00] that could potentially reduce allostatic load or increase allostatic support than the ones you've already mentioned?

Well you know I think that this is a—certainly I think the pharmacological interventions are pretty obvious. So we won't talk about that. And [00:01.00.00] in terms of behavioral interventions it's about not just hyperreactivity but it's also about conditionability. And it's also about if there's some way that you can help people habituate, if you think about the model, right? And that last one may be the most difficult of all but—[00:01.20.00] unless there's some habituation switch that we can identify and then flick into the on position. I think in terms of psychotherapy I think that you know something very exciting has happened. Some years ago at the American Psychiatric Association I was talking about biological treatments. [00:01.40.00] And the last slide I showed was a slide from someone you may be familiar with, this was a PET scan from Baxter's group at UCLA on successful treatment of obsessive compulsive disorder following cognitive behavioral treatment. And some of you that are nodding your heads [00:02.00.00] remember that in that paper what they found was that the people who had—who had taken—who had CBT and had had a successful response had changed the blood flow in the thalamus and in the (cortaid nucleus). So that if you want to define a biological effect, that [00:02.20.00] we get past this mind-body nonsense and can think about psychotherapy as a biological intervention. And we also know from some of the animal work that (Kendall) has done with snails and things, sea snails and things of that sort again that classical conditioning can change, you know, [00:02.40.00] receptors and things of this sort. So, I think that psychotherapy that works is a psychobiological change. That the changes that are happening in some cognitive neocortical way are also mirrored where it really counts in the limbic system and the arousal system and in the [00:03.00.00] neurohormonal system. Any other questions? (great), yeah. Oh wait for the mike.

You've touched on this some but I was going to ask how would you apply the allostatic load model to screening and prevention? [00:03.20.00] And what do you think some of the more near-term promising areas might be?

Well I think I—I think because I was so worried about time that I actually had more time than I needed at the very end, I did go into some of that in terms of recruits. [00:03.40.00] I think it is even I think more important with kids in terms of maturation. Certainly the areas that I touched on quickly which are areas that I would really like to see a great deal of research being done, we started the project [00:04.00.00] on stress, PTSD and pregnancies. I think another really important area would be with kids in terms of growth maturation both physical, cognitive and I think also moral development in [00:04.20.00] kids that have been you know traumatized, abused in one way or another and to see whether—and I think by having this kind of a model you might have a better idea of what to look for. That the nice thing about the allostatic load model and the nice thing about the fact that you can pick up [00:04.40.00] abnormalities that are not clinically significant. I mean in the study that I mentioned with old—with geriatric population that McKeown and (Siemen) did I mean the differences in blood pressure they weren't significant. I mean people with higher blood pressure [00:05.00.00] they weren't hypertensive necessarily. People with differences in their cortisol levels they weren't necessarily in the pathological range. People with the bigger waist hip ratio who are more obese weren't necessarily clinically obese. But they were on a slippery slope that you can pick up [00:05.20.00] earlier on. And therefore if you're thinking and asking the right kinds of questions you can think about these kinds of interventions before things go too far along. Well, listen I want to thank everybody. And I want to return [00:05.40.00] the favor that my good friend and colleague Fred (Guzman) did and reintroduce him. Fred has been giant of the field of PTSD. I think the program here is a testament to his vision, his energy and his street smarts. [00:06.00.00] So, Fred, it's all your.

Thank you Matt. Thanks Dr. Friedman. This is very informative and I'm sure helpful to all of you out there. It just really strikes home for me because I remember over the last [00:06.20.00] about 20 some years I would get calls from clinicians around the country. And the question would be, "I'm wondering if these veterans are malingering. Because they're complaining all of the time about these physical problems." And they wondered whether or not that this was a way that the veteran was trying to sort of buy into, if you will, [00:06.40.00] or manipulate into some sort of service connection. I think that the kinds of things that Dr. Friedman shared with us really brings it on home that it's time that we really start thinking about merging with other departments beyond just psychiatry. That medicine can be a very integral part in helping us and helping the veteran [00:07.00.00] to recovery. In our next series we're going to be addressing the issue of violence and PTSD. And Dr. David Foy, who is a leader in this area, will be our guest lecturer. So, once again I'd like to thank you for coming. It's a pleasure to have all of you. And [00:07.20.00] I would like to also thank Employee Educational Service, again Dr. Friedman for coming from Vermont for this, the audience and our other boss Dr. Lawrence Layman who's the head of Mental Health Service in central office. Thank you very much. [00:07.40.00]

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